

Foster Family Home - Corrective Action Report

Provider ID: 2-512328

Home Name: Arsenio Lopez, CNA

Review ID: 2-512328-8

920 Puku Street

Reviewer: Terri Van Houten

Hilo HI 96720

Begin Date: 5/24/2021

Foster Family Home	Required Certificate	[11-800-6]
--------------------	----------------------	------------

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Unannounced home inspection for 3 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 6/24/2021.

Foster Family Home	Background Checks	[11-800-8]
--------------------	-------------------	------------

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1) -
CG#1 and CG#2-eCrim expired 5/12/21
CG#3 - eCrim expired 6/11/20
CG#6- Did not have 2 sets of fingerprints in file.

8.(a)(2) - CG#6 APS/CAN expired 7/30/20

Foster Family Home	Information Confidentiality	[11-800-16]
--------------------	-----------------------------	-------------

16.(b)(3) Inform clients about their confidentiality practices;

Comment:

16.(b)(3) - Client #1 did not have evidence that Home's confidentiality practices were told to them or the POA.

Foster Family Home - Corrective Action Report

Foster Family Home	Personnel and Staffing	[11-800-41]
41.(a)(3)	Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and	
41.(b)(4)	Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).	
41.(b)(5)	Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.	
41.(b)(7)	Have a current tuberculosis clearance that meets department guidelines; and	
41.(b)(8)	Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.	
41.(c)	The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.	
41.(e)	The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.	

Comment:

41.(a)(3) - CG #1, 2, 3 and 4 were missing documentation of in home experience.

41.(b)(4) - CG# 2, 3 and 4 were missing SCG disclosure form.

41.(b)(5) - CG #2, 3, 4 and 6 did not have a current driver's license in their file. The CCFFH did not have an alternate transportation plan for any care givers.

41.(b)(7) - CG#3 and 4 did not have a current TB clearance in their file.

41.(b)(8) - CG#1, 3 and 4 did not have a current CPR card on file.

CG #1, 2, 3, and 4 did not have a current First Aide training on file.

CG #3, 4, and 5 did not have evidence of BBP/Infection control training in the last 12 months.

41.(c) - CG#1, 3, 4 and 6 did not have evidence of completion of 12 hours of inservice training in the last 12 months.

41.(e) - CG#2, 4 and 6 did not have a CTA SCG approval form in their file

Foster Family Home	Client Care and Services	[11-800-43]
43.(c)(3)	Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.	

Comment:

43.(c)(3) - Client #1 did not have RN delegations for applicable tasks in the file. Client #2 did not have the RN signature included on the RN delegation of special tasks.

Foster Family Home - Corrective Action Report

Foster Family Home	Grievance	[11-800-45]
45.(1)	Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;	
45.(2)	Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and	
45.(3)	Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed	

Comment:

45.(1), 45.(2), 45.(3) - Client #1 did not have evidence that the grievance policy was reviewed with the client/POA

3 Person Fire Safety, Natural Disaster	3 Person Fire Safety	(3P) Fire
--	----------------------	-----------

(3P)(b)(1) Fire	shall be conducted monthly	
(3P)(e)(2) Fire	Emergency escape and rescue routes shall be provided in the sleeping rooms of the clients. The routes shall be in accordance with applicable county one and two family building code requirements;	

Comment:

(3P)(b)(1) Fire - The CCFFH did not have evidence of monthly fire drills completed. Last documented fire drill 5/10/2020

(3P)(e)(2) Fire escape route for clients had a door which was not easily opened (swollen and stuck in door frame). Ramp located at this entrance is very steep. Home has second exit on opposite side of the home with a ramp. CCFFH had one client who is wheel chair bound.

Foster Family Home	Medication and Nutrition	[11-800-47]
--------------------	--------------------------	-------------

47.(b)	The caregivers shall obtain training, relevant information, and regular monitoring from the client's physician, a home health agency, as defined in chapter 11-97, or a Registered nurse for all medication that the client requires.	
47.(c)	Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.	

Comment:

47.(b) - Client #1 did not have evidence that the medications are being regularly monitored.

47.(b) - Client #1, 2, and 3 did not have evidence of medication side effects

Foster Family Home - Corrective Action Report

Foster Family Home

Records

[11-800-54]

54.(c)(2)	Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
54.(c)(4)	Client's emergency management procedures;
54.(c)(5)	Medication schedule checklist;
54.(c)(6)	Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;
54.(c)(7)	Expenditure records; and
54.(c)(8)	Personal inventory.

Comment:

54.(c)(2) - Client #1 and 3 did not have current copy of an updated service plan (Client #1 was from 12/1/18 and Client #3 was from 10/1/2019).

54.(c)(4) - Client #1 did not have client specific emergency procedures in their records.


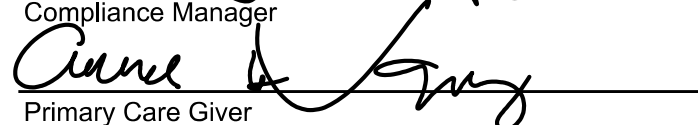
54.(c)(5) - Client #1 and #3 had multiple medication discrepancies between the MAR, the prescription bottles and the MD orders.

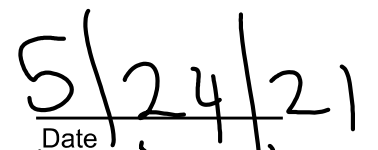

54.(c)(6) - Client #1, 2, and 3 did not have evidence of daily documentation of personal care. Last documented in December 2020.

Client #1 did not have evidence of monthly RN visit notes, last documented note was from 10/2020.

54.(c)(7) - Client #1 did not have evidence of expenditure records.

54.(c)(8)-Client #1 did not have evidence of a personal inventory form


Compliance Manager

Primary Care Giver


Date

Date

Community Care Foster Family Home (CCFFH)

Written Corrective Action Plan (CAP)

Chapter 11-800

PCG's Name on CCFFH Certificate:

Arsenio Lopez

(PLEASE PRINT)

CCFFH Address:

920 Puku St. Hilo, HI 96720

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.(a)(1)	ecrim was obtained for CG#1, CG#2 + CG#3. Results were placed in the Provider's binder. 2 sets of Fingerprints obtained for CG#6. The result was also filed in the Provider's binder.	5/25/21	This Foster Family Home will have a calendar to write all due dates on. Ecrim + Fingerprints checks will be done at least 2 weeks prior the due date to avoid future lapses.
8.(a)(2)	A copy of the APS/CAN for CG#6 was obtained + filed in the Provider's binder.	5/29/21	This Foster Family Home will use a calendar to write all due dates on. APS/CAN checks will be done at least 2 weeks before the due date to avoid future lapses.
1b.(b)(3)	Information about Confidentiality practices have been filed in client #1 binder. It was reviewed w the client + POA by RN/CM. The client + POA were given the opportunity to ask questions + have all their questions addressed.	5/29/21	For all future admissions, CG#1 will make sure that Confidentiality practices are included + discussed during every admissions.



All items that were fixed are attached to this CAP

PCG's Signature:

Jume a Jarp

Date:

6/17/21



CTA has reviewed all corrected items

Community Care Foster Family Home (CCFFH)

Written Corrective Action Plan (CAP)

Chapter 11-800

PCG's Name on CCFFH Certificate:

Arsenio Lopez

(PLEASE PRINT)

CCFFH Address:

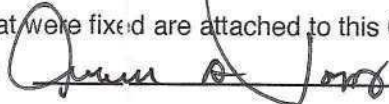
920 Puku St. Hilo, HI 96720

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
41.(a)(3)	Documentation of in home experience for CG #1, 2, 3 + 4 were completed + filed in the provider's binder.	5/30/21	CG #1 will make sure that all caregivers have completed the home experience documentation + they are filed + maintained in the provider's binder.
41.(b)(4)	SCG Disclosure form for CG #2, 3 + 4 were completed + placed in the Provider's binder.	5/30/21	CG #1 will make sure that all caregivers complete the SCG Disclosure form which will be filed in the Provider's binder.
41.(b)(5)	Copies of State of Hawaii Driver's license for CG #2, 3, 4 + 6 were placed in the Provider's binder. An Alternate Transportation Plan is not needed @ this time. All of the caregivers drive + able to transport clients.	5/30/21 5/27/21	Home maintain copies of current Driver's license of all caregivers to the Provider's binder. Will update upon each expiration/renewal. The Home will also update the Alternate Transportation Plan as needed.

☒ All items that were fixed are attached to this CAP

PCG's Signature:



Date: 6/17/21

☒ CTA has reviewed all corrected items

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate:

Arsenio Lopez

(PLEASE PRINT)

CCFFH Address:

920 Puku St. Hilo, HI 96720

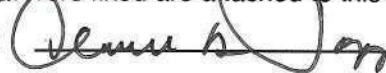
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
41.(b)(7)	2021 TB clearance was obtained for CG #3+4. Copies were placed in the Provider's binder.	5/30/21	This Foster Family Home will use a calendar to write when requirements are due to avoid future lapses. CG #1 will notify the other caregivers when a requirement is due @ least 2 weeks before it is due.
41.(b)(8)	Current CPR cards for CG #1, 3+4 were obtained + filed in the Provider's binder.	5/25/21 5/30/21	This Home will use a calendar to write when a requirement is due to prevent lapses. CG #1 has to inform the other caregivers when a requirement is due @ least 2 weeks before the due date to prevent future lapses.
	Current First Aide Training Records for CG #2, 3+4 were obtained + filed in the Provider's binder.	5/25/21 5/30/21	
	Records + Evidence of BBP Infection control training was obtained for CG #3 4 + 6. CG #5 has been removed as CG Records were filed in the binder.	5/25/21	



All items that were fixed are attached to this CAP

PCG's Signature:



Date:

6/17/21



CTA has reviewed all corrected items

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate:

Arsenio Lopez

(PLEASE PRINT)

CCFFH Address:

920 Puku St. Hilo HI 96720

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
41.(c)	Records + evidence of completion of 12 hrs. of inservice training in the last 12 months for CG #1, 3, 4 + 6 were obtained. Records were placed in the Provider's binder.	5/25/21 5/30/21	This Foster Family Home will use a calendar to write down when inservice training are due. CG #1 will notify the other caregivers when inservice is due @ least 2 weeks prior the due date to prevent future lapses.
41.(e)	The CTA approvals were located in the binder + that it was filed under the appropriate section of the files.	5/30/21	CG #1 will review the binder + documentation every 6 months + ensure all documents are filed properly.
43.(c)(3)	RN delegations were updated for Client #1 + RN signatures were included on the RN delegation of special tasks for Client #2. It was filed under the appropriate section of the clients files/binders.	5/29/21 6/15/21	This Foster Family Home will review the binder every 3 months to make sure that RN delegations are up to date, signed + complete for clients.



All items that were fixed are attached to this CAP

PCG's Signature:

Terri Van Houten

Date:

6/17/21



CTA has reviewed all corrected items

CTA RN Compliance Manager: Terri Van Houten RN

Page 5

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: Arsenio Lopez
(PLEASE PRINT)

CCFFH Address: 920 Puku St. Hilo, HI 96720
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
45(1), 45(2), 45(3)	Grievance policy was reviewed w client #1 and POA by RN/CM. They were provided the opportunity to ask questions + have concerns addressed.	5/29/21	Upon future admissions, documentation of review of grievance policy will be provided and maintained in client's file.
(3P)(b) (1) FIRE	Fire drills were done monthly + documentation updated in Provider's binder.	5/25/21	CCFFH will complete + document monthly fire drills. Documentation to be maintained within CCFFH files.
(3P)(e) (2)	Door to fire escape route was fixed to be easily opened in the event of an emergency. Access to second exit to be maintained.	5/25/21	CG #1 will have routine checks to exits to ensure safety + easy access to be maintained.
47.(b)	Medications are being monitored by RN/CM as evidence by signing the MAR + Physician's Order for new medication for client #1.	5/29/21	CG #1 will monitor client's medication on a daily basis + RN/CM to monitor medications being administered to client monthly + PRN.

☒ All items that were fixed are attached to this CAP

PCG's Signature: [Signature]

Date: 6/17/21

☒ CTA has reviewed all corrected items

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate:

Arsenio Lopez

(PLEASE PRINT)

CCFFH Address:

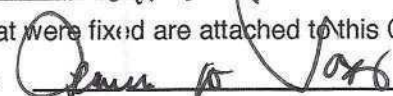
920 Puku St - Hilo, HI 96720

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
47.(b)	Evidence of medication side effects were obtained for clients #1, 2 + 3. Monitoring of side effects of medications to be ensured by CGs + RN/CM. Medication information sheets to be maintained in resource binder to ensure all caregivers aware of side effects to be monitored for.	5/29/21	CG #1 will ensure that when new medications ordered for clients, medication information sheets are to be added to the resource binder + RN/CM to review medications, indications, + side effects to be monitored for + caregivers.
54.(c) (2)	Service Plans for client #1 + 3 were updated + placed in clients binder.	5/29/21	CG #1 will ensure that Service Plans are up to date, signed + completed by RN/CM. CG 1 will review my binder every 3 months + ensure that documents are filed in the clients binders.
54.(c) (4)	Emergency Management Procedures was reviewed + client #1 + POA by RN/CM. They were able to ask questions + questions were addressed.	5/29/21	CG #1 will ensure that upon future admissions, documentation of review of Emergency Management Procedures will be provided + filed in clients file.

☒ All items that were fixed are attached to this CAP

PCG's Signature:



Date: 6/17/21

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Terri Van Houten R.N. Page 7

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: Argenio Lopez
(PLEASE PRINT)

CCFFH Address: 920 Puku St. Hilo HI 96720
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
54.(c) (5)	Medication discrepancies were corrected by client RN/cm (CMA), MD + CG #1 on client's medication Administration Record (MAR)	5/29/21	CG #1 will check @ all the medication records + bottles to ensure they both match every time before giving a medication. CG #1 will immediately notify the RN/cm (CMA), the Pharmacy +/or the doctor if there's any discrepancies.
54.(c) (6)	Documentation of daily personal care were updated to client #1, 2 + 3 + filed in clients binders. RN visits notes were updated + filed in clients #1, 2 + 3 binders.	5/29/21 6/1/21	CG #1 will ensure that daily personal care documentation are done on a daily basis + filed in the clients binders. CG #1 will see to it that RN visit notes are received + filed in the clients binders on a monthly basis or PRN.

☒ All items that were fixed are attached to this CAP

PCG's Signature: [Signature]

Date: 6/17/21

☒ CTA has reviewed all corrected items

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate:

Arsenio Lopez

(PLEASE PRINT)

CCFFH Address:

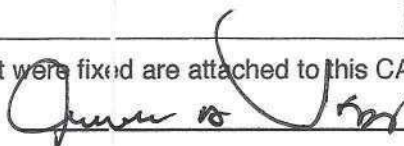
920 Pukui St - Hilo, HI 96720

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
54.(c) (7)	Expenditure record for client #1 has been updated + filed in the client's binder.	6/17/21	CG #1 will ensure that receipts for client's expenditures to be placed in the client's binder + records to be updated regularly.
54.(c) (8)	Personal inventory form has been completed + filed in the client's binder.	6/17/21	Personal inventory to be maintained for all clients + records to be maintained in the client's file.

☒ All items that were fixed are attached to this CAP

PCG's Signature:



Date:

6/17/21



CTA has reviewed all corrected items